

CLAIMS ONLY							Application Number		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend		
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend		
1							51					
2							52					
3	1						53					
4							54					
5							55					
6	1						56					
7							57					
8							58					
9	1						59					
10		1					60					
11		1					61					
12		1					62					
13							63					
14							64					
15							65					
16	1						66					
17		1					67					
18		1					68					
19		1					69					
20							70					
21							71					
22		1					72					
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40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					

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